State of California—Health and Welfars Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814 P. O. #6011

UNIFORM HAZARDOUS WASTE MANIFEST

Please open o	or type with ELITE type (12 characters per inch)				STATE ID NU	MBE	R	83	41	<u>080</u>	19	
	GENERATOR NAME AND MAILING ADDRESS					MANIFEST DOCUMEN" NUMBER						
-	Para Plate					EPA ID NUMBER						
	3242 E. Olympic Blvd.					ELA IV HORIDON						
	Los Angeles, Ca.	213/268-4281			CAXOO	CAXQ00036483				, ,	1 1	
} L	AREA CODE/PHONE NUMBER	713/500-450T	VEH/CONTAINER N			<u> </u>						
	TRANSPORTER NO 1			VEH.	ACOMININED NO	+		~				
	Omega Chemical Corp. 12504 E. Whittier Blvd.										į	
.	Whittier, Ca. 90602									0.1	-	
							CAD042245001					
	RANSPORTER NO 2/ALTERNATE TSD FACILITY V.EH./					/CONTAINER NO			EPA ID NUMBER			
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	REATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY							EPA ID NUMBER				
	OMega Chemical Corp.	i .										
) C	Orioga Oriomical Gorp.											
4T0												
GENERATOR	REA CODE/PHONE NUMBER 213/698-0991				\perp L	CAD042245						
FILLED IN BY GEN	PROPER U.S. D.O.T. SHIPPING NAM	IF AND HAZARD CLASS	UN/N/		TOTAL		VOL.	CONTAI	NER		E DISP	
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	Hazardous Waste, Liqu	uid N.O.S -ORM-E	NA 91	89i	1 1 160	G		92	DМ	241	. 01	
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BE FI		•				<u></u>					111	
8 0	COMPONENTS							RANGE		UNI	TS PPM	
		COOR ORLESTO				UP	PER	LOWE	n	%	PPIVI	
	namehlamaath-lana									,		
18	Perchloroethylene							 			and the second second	
	Photo Polymer Resin											
	AHOTO LOTAWET ICOTH											
	N-Butyl Alcohol								\dashv		_,	
	SPECIAL HANDLING INSTRUCTIONS		* .									
16	This is to certify that the above-named waste	s are properly classified described.	packaged m	arked ar	nd labeled, and a	re in				, ,		
	proper condition for transportation according to	the applicable requirements of the	Department	r Fransp	portation and the	CFA	M	0	DAY		YR	
	IAVAIC XAW	に、学りのこ	7/1/	<u> </u>	A A	~	1	1	ለ. ግ	4	7.4	
	Printed or typed full name and signature		T VI		WVW				01/	1	711	
	Check if continuation sheet is used Number	er of continuation sheets		<u></u>	1	ATE	M	0 1	DAY		YR	
≅ #	TRANSPORTER 1 ACKNOWLEDGEMENT OF F	TELEIPT OF ABOVE WASTES	12-0	<i>1</i>		EC.D						
ED	Printed or typed full name and signature	HADAME, I		A. \	MU ACC	& EPTE	0 1		017		84	
TO BE FILLED IN BY TRANSPORTER	TRANSPORTER 2 ACKNOWLEDGEMENT OF	ECEIPT OF ABONE WASTES				ATE EC'D	М	0	DAY		YR/	
BE TRA	1. 1000										-	
TC BY	Printed of typed full name and signature	1/2 V/1			ACC	EPTE	D	<u> </u>		1		
	DISGREPANCY INDICATION SPACE	N/X/										
	$1 \text{ MVM} \sim 2 \text{ CLO}$											
LED		(V)										
FIL 7 TS	Sanitar outer or appropriate Contilination of the	leipt of hazardous waste covered by	this manifest	except a	as noted in the		D	ATE RECE	VED &	ACCEPT	ED	
TO BE FILLED IN BY TSDF	Facility owner or operator Certification of redept of hazardous waste covered by this manifest except as noted in the discrepancy indication space above Note: TSPF must complete waste number. EPA ID NUMBER						M	0.	DAY] [YR	
= =	See instructions. STEVE SIMPLAY States in Man (CAD042245001)						1	1 .	07	7].	00	
	Printed or tuned full name and signature	/				<u> </u>	1			L		
FORM NO DE	HS:8022A 11/8? TSC	OF SENDS THIS COPY T	O DOHS	WITH	IN 15 DAY	Ö			i Santan	69-	87967	